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TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission: 7	Application Number	10/036,677
	Filing Date	December 21, 2001
	First Named Inventor	Scott Swix
	Art Unit	2611
	Examiner Name	Bui, Kieu Oanh T.
	Attorney Docket Number	BS01421
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Name (Print/Type)	Bambi Faivre Walters	Reg. No.: 45,197
Signature	<i>Bambi Faivre Walters</i>	
Date	July 8, 2005	

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Maureen M. Pettine	Date	July 8, 2005
Signature	<i>Maureen M. Pettine</i>		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Scott Swix, et al.

Group Art Unit: 2611

Application No.: 10/036,677

Examiner: Bui, Kieu Oanh T.

Filed: December 21, 2001

Title: "Method and System for Managing Timed Responses to A/V Events in Television Programming"

VIA FACSIMILE 703-872-9306

Attn: Examiner Bui, Kieu Oanh T.

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: July 8, 2005 (date of transmission).Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

July 8, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

07/11/2005 BBONNER 00000015 10036677

01 FC:1006

100.00 OP

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Bambi F. Walters

Attorney for Applicants

Registration No. 45,197

P. O. Box 5743

Williamsburg, VA 23188

Telephone: 757.253.5729

Date: JULY 8, 2005

JUL 08 2005

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/036,677
Filing Date	December 21, 2001
First Named Inventor	Scott Swix
Examiner Name	Bui, Kieu Oanh T.
Art Unit	2611
Attorney Docket No.	BS01421

TOTAL AMOUNT OF PAYMENT	\$180.00
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METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee
☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent Claims

- 20 or HP =

x

=

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

- 3 or HP =

x

=

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total SheetsExtra SheetsFee (\$)Fee Paid (\$)

- 100 =

/ 50

(round up) x

=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge):

Supplemental IDS

\$180.00

SUBMITTED BY:

Complete (if applicable)

Name (Print/Type)

Bambi F. Walters

Registration No.
(Attorney/Agent)

45,197

Telephone:

(757) 253-5729

Signature*Bambi F. Walters*Date

July 8, 2005

JUL 08 2005

FEE TRANSMITTAL
for FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/036,877
Filing Date	December 21, 2001
First Named Inventor	Scott Swix
Examiner Name	Bui, Kieu Canh T.
Art Unit	2611
Attorney Docket No.	BS01421

TOTAL AMOUNT OF PAYMENT**\$180.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES			SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	180	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	x _____	= _____

- 20 or HP =

Fee (\$)

Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	x _____	= _____

- 3 or HP =

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	/ 50	_____ (round up) x _____ = _____

- 100 =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

Fee Paid (\$)

\$180.00

SUBMITTED BY:

Complete (if applicable)

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Telephone:

(757) 253-5729

Signature

Bambi F. Walters

Date

July 8, 2005

